

B--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	Maricopa	BUREAU OF VITAL STATISTICS	State Index - - - No. 227
District			County Registrar's - No. 1973
Town or City	Phoenix	ORIGINAL CERTIFICATE OF DEATH	Local Registrar's - No. 1173
		No. Arizona Deaconess Hosp.	St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)			
2. FULL NAME Edna Pearl Roberson			
(a) Residence. No. 6 miles north on Central St. Ave.		Ward.	
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED	
Female	White	Married	
6. DATE OF BIRTH (month, day, and year) Sept. 18			
7. AGE	Years	Months	Days
43			
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work At Home			
(b) General nature of industry, business or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (city or town) Phoenix, Ariz.			
(State or country)			
10. NAME OF FATHER Geo. J. Smith			
11. BIRTHPLACE OF FATHER (city or town) Mo.			
(State or country)			
12. MAIDEN NAME OF MOTHER Edna Teal			
13. BIRTHPLACE OF MOTHER (city or town) Ills.			
(State or country)			
14. Informant (Address)			
15. Filed 12-19-1924 - [Signature] Local Registrar.			
V. S. No. 1 County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) Dec. 19 1924			
17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1924 to Dec 19, 1924			
that I last saw her alive on Dec 17, 1924			
and that death occurred, on the date stated above, at 3:30 AM.			
The CAUSE OF DEATH was as follows: Intestinal Hemorrhage			
(duration) yrs. mos. ds.			
CONTRIBUTORY (Secondary)			
(duration) yrs. mos. ds.			
18. Where was disease contracted? Not at place of death? Yes			
Did an operation precede death? Yes Date of			
Was there an autopsy? Yes			
What test confirmed diagnosis? [Signature]			
(Signed) [Signature] M. D.			
(Address)			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL		DATE OF BURIAL	
Greenwood Cemetery		Dec. 22 1924	
20. UNDERTAKER		ADDRESS	
A. L. Moore & Sons			